

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence for Application No. 09/890,177 is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 7, 2006

Kevin G. Rooney, Reg. No. 36,330

Date

11/7/06



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants:	Warren P. Williamson IV et al.
Serial No:	09/890,177
Filing Date:	July 27, 2001
Art Unit:	3736
Examiner:	Brian Scott Szmal
Title:	APPARATUS AND METHOD FOR HARVESTING AND HANDLING TISSUE SAMPLES FOR BIOPSY ANALYSIS
Conf. No.:	7549
Atty Docket:	BIOP-02

Cincinnati, Ohio 45202

November 7, 2006

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**NOTIFICATION OF ERROR IN PAYMENT OF FEE(S)  
AS A SMALL ENTITY (37 C.F.R. §1.28(c))**

Sir:

On May 30, 2002, November 7, 2003 and July 20, 2006, small entity fees were made in this application relative to a terminal disclaimer, claims fee and extension of time. These payments were made in good faith. It has now been discovered that such payments as a small entity were made in error and without any deceptive intent.

Counsel is now taking the necessary steps to comply with the submission and itemization requirements of paragraphs (c)(1) and (c)(2) of C.F.R. §1.28, and the deficiency payment requirement of paragraph (c)(2).

<u>Fee(s) Erroneously Paid As A Small Entity</u>	<u>Fee Actually Paid As A Small Entity</u>	<u>Deficiency Owed</u>
<input checked="" type="checkbox"/> Terminal Disclaimer Fee paid on <u>5/30/02</u>	<u>\$55.00</u>	<u>\$55.00</u>
<input checked="" type="checkbox"/> Fee for excess claims paid on <u>11/7/03</u> (independent over 3)	<u>\$43.00</u>	<u>\$43.00</u>
<input type="checkbox"/> Fee for multiple claims paid on _____.	\$ _____	\$ _____
<input checked="" type="checkbox"/> Extension of time fee paid on <u>7/20/06</u>	<u>\$ 510.00</u>	<u>\$ 510.00</u>
<input type="checkbox"/> The issue fee paid on _____	\$ _____	\$ _____
<input type="checkbox"/> _____ maintenance fee <i>(First, second or third)</i> paid on _____.	\$ _____	\$ _____
<input type="checkbox"/> Other:		

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01 FC:1253

1020.00 OP

**Total Deficiency Owed \$608.00**

The total deficiency owed is paid as follows:

- Attached is a     Check     Money Order in the amount of \$608.00.
- Authorization is hereby made to charge the amount of \$ \_\_\_\_\_
- to Deposit Account No. 23-3000.
- to Credit card as shown on the attached credit card information authorization form PTO-2038

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01 FC:1814

110.00 OP

02 FC:1614

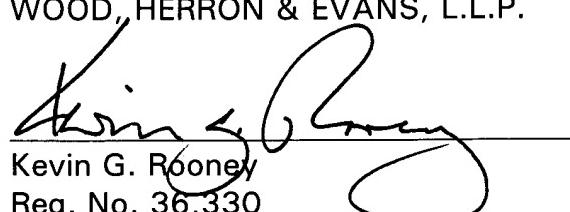
86.00 OP

**Warning:** Credit card information should **not** be included on this form as it may become public.

- Charge any additional fees required by this paper or credit any overpayment to Deposit Account No. 23-3000.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

  
\_\_\_\_\_  
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